

5E0401 - A0403

NFA - YW
1/28/88

SITE DESCRIPTION/EXECUTIVE SUMMARY

RECEIVED

NOV 16 1987

Site Name and Location

Standard Oil Gas Station
16 Mile and Gratiot
Clinton, MI 49236

County: Macomb
Michigan Code Number: 50-02N-13E-27AD
DNR District: Detroit
EPA ID Number: MID981535008

Program
Support Section

no hazardous
substance

SAS Score/Screen No.:

This site, which currently operates as an Amoco Gas Station, was the suspected site of a gasoline tank leak in 1983. The leak has now been attributed to the John M. March Service Station (MID981961378), for which a P.A. was completed on 8/3/87.

The Standard Oil Gas Station site is not located in the City of Clinton, Michigan, but is instead located in Clinton Township, Michigan, with a mailing address of Mount Clemens, Michigan, 48043. There has been no known release of hazardous substances at this site.

Recommendations for EPA

This site receives a no further action priority for inspection, as EPA and MDNR files indicate no evidence of a release of hazardous substances at this site.

US EPA RECORDS CENTER REGION 5



462643

Pre-HRS Score: N/A

Projected HRS Score: N/A

SI Priority: No Action

Hours Spent: 2 + 1 + + + = 3

Initial & Date: 2C.1/1/8 SC.11-6-K7

Date of Previous Summary:
Previous Author:

Current Date: 11/4/87
Author: D. Courtney

Site Assessment Unit
Environmental Response Division
Michigan Dept. of Natural Resources

#00666 TW



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
26 981535008

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)	02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER			
STANDARD OIL GAS STATION	16 MILE AND GRATIOT			
03 CITY	04 STATE	05 ZIP CODE	06 COUNTY	07 COUNTY CODE 08 CONG DIST
CLINTON (CLINTON TWP/MT. CLEMENS)	MI	48043	MACOMB	099 12
09 COORDINATES	09 COORDINATES			
LATITUDE 42° 33' 50" N	LONGITUDE 82° 53' 50" W	MT. CLEMENS WEST QUAD 7.5 MIN		
10 DIRECTIONS TO SITE (Starting from nearest public road)				
FROM I-94 EXIT METRO PKY WEST 1.5 MILES TO GRATIOT AVE. SOUTH. SITE IS AT CORNER OF GRATIOT AVE. AND S. NUNNELEY RD.				

III. RESPONSIBLE PARTIES

01 OWNER (if known)	02 STREET (Business, mailing, residential)			
UNKNOWN				
03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER	
			()	
07 OPERATOR (if known and different from owner)	08 STREET (Business, mailing, residential)			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER	
			()	
13 TYPE OF OWNERSHIP (Check one)				
<input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL				
<input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN				
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)				
<input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103(c)) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE				

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION	BY (Check all that apply)			
<input checked="" type="checkbox"/> YES DATE 05.24.03 <input type="checkbox"/> NO MONTH DAY YEAR	<input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR			
	<input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: CLINTON TWP FIRE MARSHAL (Specify)			
CONTRACTOR NAME(S): _____				
02 SITE STATUS (Check one)	03 YEARS OF OPERATION			
<input type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input checked="" type="checkbox"/> C. UNKNOWN	BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED				
NONE				
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION				
NONE				

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)			
<input type="checkbox"/> A. HIGH (Inspection required promptly)	<input type="checkbox"/> B. MEDIUM (Inspection required)	<input type="checkbox"/> C. LOW (Inspect on time available basis)	<input checked="" type="checkbox"/> D. NONE (No further action needed. Complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT	02 OF (Agency/Organization)	03 TELEPHONE NUMBER
FIRE MARSHAL'S OFFICE	CLINTON TOWNSHIP. MI	(313) 468-5140
04 PERSON RESPONSIBLE FOR ASSESSMENT	05 AGENCY	06 ORGANIZATION
D. COURTNEY / S. LUNNINGHAM	MDNR	ENV. RESPONSE
	07 TELEPHONE NUMBER	08 DATE
	(517) 373-4800	11.4.07 MONTH DAY YEAR